



Complete Summary

TITLE

Frequency of selected procedures: summary of utilization of seventeen frequently performed procedures.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure summarizes the utilization of the following frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization:

- Myringotomy
- Tonsillectomy
- Non-obstetric dilation and curettage (D&C)
- Hysterectomy
- Cholecystectomy
- Back surgery

- Coronary angioplasty (percutaneous transluminal coronary angioplasty [PTCA])
- Cardiac catheterization
- Coronary artery bypass graft (CABG)
- Prostatectomy
- Reduction of fraction of femur
- Total hip replacement
- Total knee replacement
- Partial excision of large intestine
- Carotid endarterectomy
- Mastectomy
- Lumpectomy

RATIONALE

Variation in procedure rates present a starting point in examining the kind of care that is being rendered to members. Coding practices, epidemiology, demographics and practice patterns may be responsible for variation. Examining these measures may help eliminate unwarranted variation in the delivery of medical care.

This measure lists several frequently performed procedures (mostly surgical) that contribute substantially to overall cost. Wide variations among geographic regions in medical procedure rates appear to have little correlation with health outcomes. The reasons for this are unclear. Some variation is explained by unnecessary procedures; conversely, some procedures may not be performed often enough. These rates are likely to be strongly influenced by how the organization manages care.

PRIMARY CLINICAL COMPONENT

Myringotomy; tonsillectomy; dilation and curettage; hysterectomy; cholecystectomy; back surgery; coronary angioplasty (percutaneous transluminal coronary angioplasty [PTCA]); cardiac catheterization; coronary artery bypass graft (CABG); prostatectomy; reduction of fraction of femur; total hip replacement; total knee replacement; partial excision of large intestine; carotid endarterectomy; mastectomy; lumpectomy; frequency

DENOMINATOR DESCRIPTION

For Medicaid*, Commercial and Medicare product lines, all member months for the measurement year, stratified by age and sex. Refer to *Specific Instructions for Use of Services Tables* in the original measure documentation for more information.

*Report this measure for *Total Medicaid* only because reporting it by eligibility category will result in small numbers.

NUMERATOR DESCRIPTION

Number of the following selected procedures*:

- Myringotomy

- Tonsillectomy
- Non-obstetric dilation and curettage (D&C)
- Hysterectomy
- Cholecystectomy
- Back surgery
- Coronary angioplasty (percutaneous transluminal coronary angioplasty [PTCA])
- Cardiac catheterization
- Coronary artery bypass graft (CABG)
- Prostatectomy
- Reduction of fraction of femur
- Total hip replacement
- Total knee replacement
- Partial excision of large intestine
- Carotid endarterectomy
- Mastectomy
- Lumpectomy

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

*Refer to Table FSP-A in the original measure documentation for codes to identify selected procedures.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in use of service

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Monitoring and planning

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

All ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Measure results are stratified by age and sex.

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

All member months (commercial, Medicare and Medicaid) during the measurement year

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

For Medicaid*, Commercial and Medicare product lines, all member months for the measurement year, stratified by age and sex. Refer to *Specific Instructions for Use of Services Tables* in the original measure documentation for more information.

*Report this measure for *Total Medicaid* only because reporting it by eligibility category will result in small numbers.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are not equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of the following selected procedures*:

- Myringotomy
- Tonsillectomy
- Non-obstetric dilation and curettage (D&C)
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- Partial excision of large intestine
- Carotid endarterectomy
- Mastectomy
- Lumpectomy

Note: Report counts regardless of the site of care (e.g., inpatient or ambulatory setting). Report the number of procedures rather than the number of members who received the procedures. Do not double-count the same procedure. Refer to original measure documentation for additional details.

*Refer to Table FSP-A in the original measure documentation for codes to identify selected procedures.

Exclusions

Refer to the original measure documentation for exclusions by procedure.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Undetermined

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare and Medicaid plans.

Measure results are stratified by age and sex.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Frequency of selected procedures (FSP).

MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

MEASURE SET NAME

[Use of Services](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1993 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

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MEASURE AVAILABILITY

The individual measure, "Frequency of Selected Procedures (FSP)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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